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Navy & Marine Corps Medical News (MN-00-16) - April 21, 2000

The Navy Bureau of medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

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-USN-

Contents for this week's MEDNEWS:

Headline: Prevention classes for fleet sailors a hit
Headline: Pensacola praised for role in training medical students
Headline: Anthrax program officials ready new educational products
Headline: Feds study long-term, other anthrax vaccine effects
Headline: Navy medical team supports exercise in Cameroon
Headline: Jacksonville administrator earns service award
Headline: Anthrax question and answer
Headline: TRICARE question and answer
Headline: Healthwatch: DoD to phase out smoking at recreation facilities

-USN-

Headline: Prevention classes for fleet sailors a hit
By Bill Doughty, U. S. Naval Hospital Yokosuka

YOKOSUKA, Japan -- It's been said that an ounce of prevention is worth a pound of cure. At Yokosuka's hospital they're teaching Fleet sailors that less than an ounce of prevention can prevent 8 pounds of baby.

Yokosuka's hospital began classes recently for the Fleet on gender-specific health issues and human sexuality. The goal is to make both male and female sailors aware of how to prevent pregnancies and Sexually Transmitted Diseases, also known as STDs.

"Actually, they're starting out with women-only for now," said Interior Communications Seaman Apprentice Michelle Griffin, "and then they're going to have the men come in also, which I think will be even better. Because men just don't know. They put it all off on the women to get the information."

The Hospital has conducted similar classes with ships' medical departments. Recently, Independent Duty Corpsmen and other health care providers conducted pap tests and health counseling on board USS Kitty Hawk (CV 63).

What makes the new classes at the hospital different is the interactive style group learning and powerful role-playing activities.

"When you are sat down and someone tells you, 'You have an STD' or 'You have AIDS' or 'You're pregnant.' It's a big shock," said Griffin, referring to the realistic role-playing.

Sailors attending the class pick a number, which corresponds to a diagnosis for which they receive "counseling" from the nurse in front of the class. They may be informed they have herpes, they're pregnant, or they're the one-in-10,000 who get the ultimate bad news -- HIV/AIDS.

The classes are only three hours long and provide an opportunity for sailors and hospital staff members to get to know each other.

"It takes a while to build up a relationship with anyone. [This class] is to let them get to know us, to let them know we are very interested in their lives aboard the ships," according to women's health nurse practitioner, Lt.Cmdr. Lauren Rodier, MSC. "That type of personal contact I think helps us improve the learning curve, and that's our goal."

Signalman 2nd Class (SW) Kecia Eleby says the learning curve is steep for some of the people just joining the Navy. "We have the young generation coming into the military right now, 17, 18, with a high school diploma, and haven't had the right breakdown on what it takes to become a woman in regards to pregnancy and all."

At the hospital's recent classes, instructors provided information on the costs of budgeting for a baby and what's involved in long term child care.

Eleby said, "People right now in the younger generation are getting pregnant for the wrong reasons -- to get out of deployments. It should be more planned and understanding responsibility. This child has to be with you for 21 years and, you know, the rest of your life. It's not just having it to prevent a deployment."

She said, "I like this training. It was great and it covered a lot. And I think everybody should go, male or females."

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Headline: Pensacola praised for role in training medical students

Story by JO1 Maria Christina Mercado and Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. -- A former Surgeon General of the Navy, who is current president of the Department of Defense's only medical school, recently praised Naval Hospital Pensacola for its role in the annual training of medical students.

Vice Adm. James A. Zimble, MC, who was the Navy's 30th surgeon general, presented a recognition plaque to Capt. R.D. Hufstader, MC, commanding officer of the hospital, for it's role in the annual training of third-year Uniformed Services University of Health Sciences, or USUHS, medical students.

Zimble said that patients get better care in settings where doctors teach and give future doctors hands-on experience at the same time.

"The atmosphere of academia, of scholarly pursuit of instilling an inquisitive mind are absolutely essential to making sure the patient gets the latest and very best in appropriate care," said Zimble, who has served as USUHS president since 1991.

USUHS is a government-funded medical school located in Bethesda, Md. It has been training physicians for the Army, Navy, Air Force and Public Health Service since 1976. Naval Hospital Pensacola began it association with USUHS in 1982.

One of those first USUHS students to train at the Pensacola hospital was Cmdr. Dennis Rowe, MC, a family practice physician who now serves as undergraduate medical education coordinator at Pensacola. Rowe, a Navy flight surgeon, is responsible for all undergraduate medical school students who train at the hospital.

USUHS students come to the Pensacola hospital as third-year medical students and spend six weeks at a time assigned to a staff doctor. The hospital hosts two or three students throughout the year. For the student, the 6-week assignment in Pensacola is one of eight rotations they will make throughout the country during their third year at USUHS. Students are on the road for 46 weeks, making stops at some 30 military medical facilities around the country.

"I have enjoyed working here in Pensacola. The staff has been very friendly, and helpful, as we transition into our family practice rotation," said Ensign David Kay, one of the two current USUHS students doing a rotation in the Family Practice Clinic here.

Kay, a native of Hatboro, Penn., decided to attend medical school after four years as an F-14 naval flight officer serving with squadrons aboard aircraft carriers.

"It's a great opportunity," the former naval aviator said. "We get to work in different medical specialties throughout the year, which allows us to decide what field we'd like to specialize in during our fourth year."

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Headline: Anthrax program officials ready new educational products

By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON -- DoD anthrax experts are increasing their efforts to get service members and their families "good, credible information before they get disinformation" from other sources.

Army Col. Randy Randolph, director of the Anthrax Vaccine Immunization Program Agency, said his organization is currently doing four things to improve the vaccine education program.

The first and perhaps farthest-reaching step is a 23-minute video going out to the services by late April or early May. "We decided we needed a training product that could be sent out worldwide that all commanders could use to inform service members and family members about the anthrax program," Randolph said.

He said the video includes information about the threat anthrax poses to U.S. service members, the lethality of anthrax, and the vaccine's safety, as well as addressing rumors circulating and damaging the program's credibility.

"It introduces some experts in DoD and many others outside of DoD who talk about these rumors and the credibility of the vaccine program," Randolph said. He said the video was designed with 18- to 25-year-olds in mind and will be mandatory watching for all service members within fiscal 2000.

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Headline: Feds study long-term, other anthrax vaccine effects

By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON -- Federal agencies are collaborating in a major study into long-term health effects of the anthrax vaccine used by DoD, Deputy Defense Secretary Rudy de Leon testified April 13 before the Senate Armed Services Committee.

The Centers for Disease Control in Atlanta heads the \$20 million, multiyear study and is working with DoD, the Food and Drug Administration and the National Institutes of Health, de Leon said in a prepared statement. The study will document possible long-term effects and examine risk factors for adverse reactions and dosing.

"The DoD leadership ... are aware of and respect the concerns expressed by a small number of service members about possible long-term health effects," de Leon said. At least 12 studies involving more than 16,000 vaccine recipients have been conducted and show common short-term side effects include local injection site reactions, headache, slight fever, joint pain and fatigue.

Program officials have said women seem nearly twice as likely as men to have a local reaction at the injection site. Currently, the anthrax vaccine is injected subcutaneously, or directly below the skin. The new CDC collaboration will seek to determine if the vaccine is as safe and effective if injected into muscle, which may reduce localized reactions, a DoD anthrax immunization program official said.

The study will also look at whether the current six-dose regimen could be cut to five or even four shots and whether individuals need annual booster shots, the official said.

A second, separate long-term study is following 570 test and control subjects previously employed at Fort Detrick, Md. De Leon said the purpose of the study, begun in 1996, is to examine the effects of receiving multiple vaccines, including the one for anthrax.

"All volunteers signed an approved informed-consent document. The study media included a nine-page health history questionnaire, extensive blood tests and urinalysis," de Leon said in his testimony. "The questionnaire queries mental and physical conditions of progeny as well as the health of the volunteers. Study end points include symptoms, ... diseases, [and] abnormal laboratory and urine tests."

In his testimony, the deputy secretary also told Congress that DoD urges all members who believe they've had an adverse reaction to report it through the FDA's Vaccine Adverse Event Reporting System.

"Not only are members encouraged to submit a report, but families or anyone personally aware of a situation can as well," he said. "We listen. We are concerned."

Individuals can file FDA adverse event reports on DoD's anthrax Web at www.anthrax.osd.mil, or by calling the FDA's toll-free information line, 1-800-822-7967. The site also presents current reporting statistics for DoD's anthrax immunization program.

De Leon's statement reiterated DoD's resolve to vaccinate all service members in high-risk areas. "Currently, about a dozen nation states are known to possess or have in development a biological warfare capability. There is also evidence that a small number of terrorist groups appear to be interested in biological agents," he said. "Of all known biological warfare agents, anthrax spores are the top choice ... for germ warfare."

He said Iraq has admitted to producing anthrax spores and putting them into weapons. Furthermore, he said, the death of 64 people by anthrax in a 1979 accident at Sverdlovsk (now Ekaterinburg), Russia, demonstrates the former Soviet Union's research with the organism.

Related Site of Interest:

<http://www.defenselink.mil:80/speeches/2000/s20000413-epsecdef.html>

Deputy Secretary of Defense Rudy de Leon, Prepared Testimony on Anthrax Vaccination Immunization Program,

submitted to the Senate Armed Services Committee, April 13, 2000.

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Headline: Navy medical team supports exercise in Cameroon
By Lt.j.g. Rod Salvador, MSC, US Naval Medical Clinics
United Kingdom

LONDON -- Rampant disease and poor living conditions were among the problems encountered by Navy medical and dental teams participating in a recent joint military medical exercise in Cameroon, Africa.

The Navy medical teams, along with other uniformed services, provided medical and dental support to villages of Cameroon, which is located on the Southeastern border of Nigeria just three degrees above the equator.

The exercise provided field medicine experience and an introduction to a variety of opportunistic diseases, according to Lt. Cmdr. Frances Keller, NC, and Chief Hospital Corpsman (AW) Steven Jackson, from US Naval Medical Clinics London.

Medical teams provided care to more than 18,000 villagers, some of whom travelled on foot for days just to wait in line to be seen briefly by medical or dental personnel.

"The people were clean and proud, and most were barefoot," said Keller. "They were suffering from an assortment of diseases such as worms, TB, malaria, cancer, HIV, gonorrhoea and malnutrition, among other maladies. All these diseases were seen in great numbers."

Jackson said that when the team arrived at one of the villages there were dirty needles and syringes strewn in piles around the village's hospital compound. Patients there exhibited all kinds of diseases as well as an assortment of vision problems.

The reality of life in this area became clear one day when a man waiting in line to have his infant examined discovered that the baby had died.

"The man, quietly and with great dignity, wrapped his child up and carried him away," said Jackson.

The team visited many villages. Convoys were formed daily to set up temporary medical units. By the end of each day, an average of 3,000 patients had been seen and treated. Units replenished their own medical supplies on the tarmac to prepare themselves for the next village. The average temperature in Cameroon was 130 degrees Fahrenheit, and maintaining a good water supply was mandatory.

"The great feeling of accomplishment and the satisfaction of knowing we brought cures, comfort and hope to so many is forever in my mind," said Keller. "The Cameroonian gave me the most wonderful gift -- themselves."

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Headline: Jacksonville administrator earns service award
By J03 Leavonda Battle, Naval Hospital Jacksonville

JACKSONVILLE, Fla. - An administrator at Naval Hospital Jacksonville received recognition from the American College of Healthcare Executives, or ACHE, for his contributions to healthcare management excellence.

Cmdr. Bill Kinney, MSC, director for administration for Naval Hospital Jacksonville was evaluated by the ACHE for his leadership ability, innovative management and contributions to the development of others in the healthcare profession.

The ACHE is an international professional organization of 30,000 healthcare executives in both civilian and military healthcare facilities. It is widely recognized for its educational programs, providing credential for professionals in healthcare management and for its public policy programs.

Kinney's accomplishments for the past year included developing a study group for local officers to prepare for the ACHE Board of Governors Exam, and as an instructor for the Army-Baylor masters degree program, he recently crafted an agreement with the University of North Florida to sponsor healthcare administration interns.

In late March, Kinney was surprised at formation when Capt. Barbara Vernoski, NC, the hospital's commanding officer, presented him with the American College of Health Care Executives (ACHE), "2000 Navy Regent's Senior-Level Career Healthcare Executive Award."

"To be recognized by such a prestigious organization is a great honor. To receive it in the presence of my colleagues makes it more memorable," said Kinney.

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Headline: Anthrax question and answer
From Bureau of Medicine and Surgery

Question: How is the anthrax vaccination policy applied?

Answer: In November 1993, DoD established the policy, responsibilities and procedures for stockpiling vaccines and determined which personnel should be vaccinated and when the vaccines should be administered. The policy, DoD Directive, 6205.3, Immunization Program for Biological Warfare Defense, specifically states that personnel assigned to high-threat areas and those pre-designated for immediate contingency deployment to these areas (such as personnel in units with planned early deployment dates in support of operations in high-threat areas) should be vaccinated in sufficient time to develop immunity before deployment.

The "One Day Policy," implemented March 30, 1999, requires all U.S. military personnel and DoD and USCG civilian employees and contractor personnel designated as "emergency essential" assigned, deployed or on temporary duty to high-threat areas and contiguous waters of Southwest Asia (Kuwait, Saudi Arabia, Bahrain, Jordan

Qatar, Oman, the United Arab Emirates (UAE), Yemen, and Israel) and the Korean Peninsula for any period of time to be vaccinated against anthrax.

For more information visit the Navy medical anthrax website at <http://www-nehc.med.navy.mil/prevmed/epi/anthrax> or the DOD anthrax website at <http://www.anthrax.osd.mil>.

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Headline: TRICARE question and answer
From Bureau of Medicine and Surgery

Question: Can my son or daughter, who is away from home at college, enroll in TRICARE Prime at his college if the option is available there?

Answer: For active duty families your son or daughter may enroll in TRICARE Prime as an individual if the option is offered in his or her geographic area. Retiree's and their family members will have the option of split enrollments (enroll as a family in one region and pay one fee but be able to receive care for children in school in a different region).

For more information, visit the TRICARE website at <http://www.tricare.osd.mil>.

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Headline: Healthwatch: DoD to phase out smoking at recreation facilities

By Linda D. Kozaryn, American Forces Press Service

WASHINGTON April 14, 2000 -- DoD is expanding its smoking ban to include clubs, bowling alleys and other morale, welfare and recreation facilities.

"We want to provide smoke-free facilities across the Department of Defense," said Sherri Goodman, deputy undersecretary of defense for environmental security. "We started with the workplace, and now we've expanded to cover our morale, welfare, and recreational facilities as well," she said during an interview here April 12.

"We want to make sure that people who are using any DoD facilities have an opportunity to do so in a smoke-free environment," Goodman said. She added that smoking is already prohibited in DoD facilities for children.

An estimated 34 percent of the nation's 1.4 million service members smoke, according to DoD officials. The Department banned smoking in all workplaces in 1994; DoD excluded living and recreation areas, however.

By December 2002, all DoD facilities will be smoke-free, Goodman said. Smoking will only be allowed in designated, separately ventilated smoking areas. DoD officials are providing a three-year phase-in period to give the facilities adequate time to make those changes.

"Some in the military departments were ready to do it even sooner," she said. "Many installations are already moving to provide separately ventilated smoking areas."

DoD wants "to do the right thing," Goodman stressed. "We want to make sure we protect our people, maintain

readiness and provide a healthy environment."

Smoking and secondhand smoke, she noted, pose serious health risks and present considerable health costs to the military. "We would like people to stop smoking," she said. "We go to great lengths to protect the health and safety of our military, and this is certainly one aspect of it."

"I think now families will feel free to bring their children, for example, into all MWR facilities, whether it's a bowling alley or a club, and know that there will be a place that will be smoke-free for their family members," she said. "I believe that is very important because our MWR facilities should be available to all military families."

In 1997, President Clinton banned smoking in all interior space owned, rented or leased by the federal executive branch in 1997. Smoking is only allowed in designated areas that have special ventilation and smoke-containment features.

In December, under the provisions of the president's executive order, Defense Secretary William S. Cohen approved "a limited and narrow" exception to allow a three-year phase-in period for certain MWR facilities. A DoD Instruction on the policy exception is due to reach the field this summer.

Since many MWR facilities are not equipped with the special features necessary, he said, an immediate ban "would negatively effect service members' morale at a time when we are asking them to bear historically high operations tempo levels."

Installation commanders are to determine which facilities should receive the benefit of the phase-in period. In the meantime, however, those facilities must maintain separate smoking and non-smoking areas.

"Although non-smoking is our strong policy preference, it is important for our MWR activities to be seen as available and accommodating for all service members, including those who smoke," Cohen stated in a policy letter dated Dec. 7, 1999.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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